



REP. TOM PRICE, M.D. (R-GA), CHAIRMAN
PAUL TELLER, EXECUTIVE DIRECTOR
424 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515

rsc.price.house.gov

ph (202) 226-9717 / fax (202) 226-1633

Legislative Bulletin.....March 30, 2008

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Senate Amendments to H.R. 1388—Generations Invigorating Volunteerism and Education (GIVE) Act (*McCarthy, D-NY*)

Key Conservative Concerns

Take-Away Points

- H.R. 1388 stretches the definition of a volunteer by paying them for their service, frequently providing volunteers with health benefits, housing, and other items that undermine the definition of a volunteer.
- H.R. 1388 is part of a Democrat agenda to force taxpayers to fund liberal service organizations, while at the same time, increasing taxes on charitable donations for individuals who want to support organizations with which they agree.
- H.R. 1388 funds AmeriCorps at a level of “such sums may be necessary.” AmeriCorps has funded programs in the past such as **Planned Parenthood of Western Washington** and the Los Angeles Gay and Lesbian Center (LAGLC). In addition, they ran a program that **gave \$5 to children for each toy gun they brought in.**

--H.R. 1388 funds Learn and Serve, which has been described as “Not Performing: Results Not Demonstrated” by the Office of Management and Budget’s website, ExpectMore.gov. It also funds AmeriCorps National Civilian Community Corps which OMB describes as “Not Performing: Ineffective.” During a time of economic crisis, we should not be funding programs that have shown little or no results.

For more details on these concerns, see below.

Order of Business: The bill is scheduled to be considered on Monday, March 30, 2009, under a motion to suspend the rules and pass the bill.

Background: The House passed H.R. 1388 on March 18, 2009 by a vote of [321-105](#). The bill included a Motion to Recommit (passed by a vote of [318-105](#)), offered by Congresswoman Foxx (R-NC), which prohibits organizations from receiving assistance under the bill if they attempt to influence legislation, organize strikes, assist in union organizing, and conduct partisan political activities among other things. The MTR also prohibits assistance to organizations that promote abortion services, including referral, and organizations that have been indicted for voter fraud. The Senate Amendments to H.R. 1388 includes a prohibition on activities related to providing abortion services or referrals included in the Republican Motion to Recommit. However, the co-location provision was removed. This means that any organization that co-locates with ineligible organizations - **including those who provide or promote abortions** - may still receive assistance in this bill. This means that **Planned Parenthood is still eligible** to receive grants and volunteers as long as they do not directly provide or promote abortion services. Additionally, the provision prohibiting organizations indicted for voter fraud was not included thus **allowing groups like ACORN to receive assistance under this bill**.

In March 23, 2009, the Senate invoked cloture on the motion to proceed to H.R. 1388 by a vote of 74-14. Senator Mikulski then offered S. 277, the Serve America Act, in the nature of a substitute to H.R. 1388. The amended version of H.R. 1388 then passed the Senate by a vote of [79-19](#) on March 26, 2009. Today, the House is considering the Senate-passed version of the bill which is very similar to H.R. 1388. For highlights to the House-passed version of H.R. 1388, see this [RSC Report](#).

Summary: H.R. 1388 would amend the National and Community Service Act of 1990 (NCSA) and the Domestic Volunteer Service Act of 1973 (DVSA) to revise their programs and reauthorize their appropriations through FY2014. The NCSA authorizes Learn and Serve, AmeriCorps, the National Civilian Community Corps, and the Points of Light Foundation (which is not reauthorized in this bill). The DVSA authorizes the Volunteers in Service to America (VISTA) and the National Senior Volunteer Corps. The authorizations for these programs expired at the end of FY1996. They are, however, funded in appropriations bills each year.

All of the programs authorized under these statutes are administered by an independent federal agency, the Corporation for National and Community Service (referred to in this document at “the Corporation”).

Conservative Concerns: Many conservatives may not agree that individuals who are paid monthly stipends, compensated for living expenses, and granted healthcare benefits should be classified as volunteers—AmeriCorps identifies their participants as volunteers. This bill is part of a Democrat agenda to force taxpayers to fund liberal service organizations, while at the same time, increasing taxes on charitable donations for individuals who want to support organizations with which they agree.

Additionally, because some of the House MTR language was not included in the bill on the floor today, funds will be provided to organizations that promote abortion services. Many conservatives may be concerned with AmeriCorps history of funding projects that some conservatives find objectionable (ex. Planned Parenthood of Western Washington). Along with Planned Parenthood of Washington, the Los Angeles Gay and Lesbian Center (LAGLC) has received funding from AmeriCorps as well. According to [this article](#), published in 2000, the LAGLC was given AmeriCorps funding to go into schools and prevent “anti-gay” bias:

The Los Angeles Gay and Lesbian Center (LAGLC), the nation’s largest gay rights organization, has received more than \$200,000 in support from AmeriCorps. The LAGLC AmeriCorps program is “focusing on society’s last ‘acceptable’ prejudice: anti-gay bias,” according to a LAGLC program update. AmeriCorps members distributed a survey in L.A. schools that implied that students should report to school authorities any time they heard any student make a derogatory comment to any other student. An example of anti-gay bias that Gwen Baldwin, the LAGLC executive director, offered was “one person not being invited to a lunch table.”

According to a [Heritage Foundation](#) report from 2002,

... AmeriCorps participants should be prohibited from working for programs that promote abortion or refer individuals to abortion providers. The Delaware chapter of Planned Parenthood, for instance, currently advertises its AmeriCorps grant for 20 participants “to provide human sexuality education and referrals for services to teens and their parents.”

According to an annual [report from Planned Parenthood of Houston and Southeast Texas](#) (PPHSET),

In 2000-2001 PPHSET initiated the Planned Parenthood Sex Education Team (PPHset), which was comprised of six Americorps youth. This creative group developed program performances featuring dance, music and drama to educate peers in 42 schools in Houston and southeast Texas.

Not only are many potentially contentious organizations receiving funds through AmeriCorps, many of these organizations are double, and triple dipping at the federal “trough”. For example, AmeriCorps funds numerous legal services organizations (see above) who may already be receiving funds under the Legal Services Corporation Act

([42 U.S.C. Sect. 2996](#)). Some conservatives may be concerned that this is an egregious example of wasteful government spending.

Many conservatives are concerned that H.R. 1388 would expand and authorize programs that have been audited and considered ineffective by the U.S. Office of Management and Budget.

Some conservatives may also be concerned that a notable provision included in Congressman Hoekstra's bill, the *Citizen Service Act of 2002* (H.R. 4854) was left out of H.R. 1388. This provision would have ensured that AmeriCorps funding is not used to operate programs directed at youth that are designed to promote or encourage sexual activity; to distribute obscene materials to minors on school grounds; to provide sex education that is not age appropriate and excludes discussion of abstinence; to provide HIV-prevention instruction that is not age appropriate and excludes discussion of abstinence or the risks of HPV; or to operate a program of contraceptive distribution in schools. As was previously noted, AmeriCorps funding has been used for sex education programs, including programs put on by Planned Parenthood. Some conservatives may be concerned that this provision, that would have provided a safeguard against activities that many parents deem inappropriate for their children, was disregarded by the Majority.

Many conservatives may be concerned that the programs authorized and expanded in this bill reflect a big government response to local and community needs—instead of a more effective encouragement of community and individual response to such need.

Groups Opposing H.R. 1388 as first passed by the House: Citizens Against Government Waste, Concerned Women for America, Eagle Forum, Family Research Council, National Taxpayers Union, Focus on the Family

Committee Action: H.R. 1388 was introduced on March 9, 2009, and referred to the Committee on Education and Labor. On March 16, 2009, the Committee held a mark-up and ordered the bill reported, as amended, by a vote of 34-3. The Senate Health Education, Labor, and Pensions Committee marked up S. 277 on March 18th and passed a substitute amendment by voice vote.

Administration Position: The Obama Administration released the following Statement of Administration Policy (SAP) in support of the Senate version of H.R. 1388. The SAP can be found [here](#).

Cost to Taxpayers: According to CBO, the House-passed version of H.R. 1388 would authorize appropriations of about \$9.3 billion for fiscal years 2010-2014. S. 277, which we are considering today, would authorize appropriations of \$8.7 billion for fiscal years 2010-2014.

Does the Bill Expand the Size and Scope of the Federal Government? Yes, the bill creates new programs under the National Community Service Act of 1990, increases authorizations, and expands the authority of such programs.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates? No.

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: The Committee on Education and Labor, in [House Report 111-37](#), asserts that, “H.R. 1388 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clauses 9(d), 9(e) or 9(f) of rule XXI of the House of Representatives.”

Constitutional Authority: The Committee on Education and Labor, in [House Report 111-37](#), cites constitutional authority in Article I, section 8, clause I of the U.S. Constitution.

RSC Staff Contact: Natalie Farr; natalie.farr@mail.house.gov; 202-226-0718.

H.R. 1246 — Early Hearing Detection and Intervention Act of 2009 (*Capps, D-CA*)

Order of Business: H.R. 1246 is scheduled to be considered on Monday, March 30, 2009, under a motion to suspend the rules and pass the bill.

Summary: H.R. 1246 would amend the Public Health Service Act to expand the newborns and infants hearing loss program to include services for young children (which are currently limited only to infants and newborns) and to include diagnostic services. H.R. 1246 would require the Secretary of Health and Human Services to assist in the recruitment, retention, education, and training of qualified personnel and health care providers for such services.

Furthermore, H.R. 1246 would require the Director of the National Institutes of Health (NIH) to establish a postdoctoral fellowship program to foster research and development in the area of early hearing detection and intervention.

Committee Action: H.R. 1246 was introduced March 2, 2009, and referred to the Committee on Energy and Commerce. On March 4, 2009, a mark-up was held in Committee and the bill was reported by voice vote.

Cost to Taxpayers: According to CBO, the bill would authorize \$180 million over the 2010-2014 period.

Does the Bill Expand the Size and Scope of the Federal Government? Yes, H.R. 1246 would expand the newborns and infants hearing loss program to include young children, and diagnostic services.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates? No.

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits? Yes, according to the Committee report, H.R. 1246 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

Constitutional Authority: According to the Committee report, the constitutional authority for this legislation is provided in Article I, section 8, clause 1, that relates to expending funds to provide for the general welfare of the United States.

RSC Staff Contact: Emily Henahan; 202-225-9286; emily.henahan@mail.house.gov

H.R. 20 — Melanie Blocker-Stokes Postpartum Depression Research and Care Act (*Rush, D-IL*)

Order of Business: H.R. 20 is expected to be considered on Monday, March 30, 2009, on a motion to suspend the rules and pass the bill.

Summary: H.R. 20 would authorize \$3 million in FY 2009 and “such sums” as necessary for FY 2010-2011 to expand the scope of the National Institute of Health’s activities relating to postpartum conditions. The bill would also authorize a new grant program to support and enhance postpartum care.

H.R. 20 would direct the Secretary of Health and Human Services, acting through the Director of NIH, to expand and intensify programs to expand the understanding of the causes of, and to find a cure for, postpartum conditions and postpartum psychosis. The bill would require the director to support basic and specific research, improved diagnostic techniques, clinical research, and education programs.

H.R. 20 would also **establish a new grant program**, to provide for projects for the delivery of essential services to individuals with postpartum depression or postpartum psychosis and their families. The grants would be used to enhance outpatient and home-based health services, enhance inpatient care, and improve the quality, availability, and organization of health care and support service.

Committee Action: H.R. 20 was introduced on January 6, 2009, and was referred to the Committee on Energy and Commerce. On March 4, 2009, a mark-up was held in Committee and the bill was reported, as amended, by voice vote.

Cost to Taxpayer: According to CBO, H.R. 20 authorizes the appropriation of \$3 million for FY 2009 and about \$9 million over the 2009-2014 period.

Does the Bill Expand the Size and Scope of the Federal Government?: Yes, it creates a new grant program to support health care for women with postpartum depression.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: Yes, according to the Committee report, H.R. 20 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

Constitutional Authority: According to the Committee report, the constitutional authority for this legislation is provided in the provisions of Article I, section 8, clause 1 that relate to expending funds to provide for the general welfare of the United States.

RSC Staff Contact: Emily Henehan; emily.henehan@mail.house.gov; 202-225-9286.

H.R. 479—Wakefield Act (*Matheson, D-UT*)

Order of Business: H.R. 479 is scheduled to be considered on Monday, March 30, 2009, under a motion to suspend the rules and pass the bill.

Summary: H.R. 479 would extend by one year the length of time for which a grant may be awarded under the emergency medical services for children grant program. This grant program allows the Secretary of Health and Human Services to make grants to states or schools of medicine to support projects to expand and improve emergency medical services for children who need treatment for trauma or critical care.

The bill would require that the Secretary support emergency medical services for children by supporting projects that develop and present scientific evidence; promote existing innovative technologies appropriate for the care of children; and provide information on health outcomes and effectiveness and cost-effectiveness.

Furthermore, H.R. 479 states that the purpose of the legislation is to “reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive.”

Committee Action: H.R. 479 was introduced January 13, 2009, and referred to the Committee on Energy and Commerce. On March 4, 2009, a mark-up was held in Committee, and the bill was reported, as amended, by voice vote.

Cost to Taxpayers: According to CBO, H.R. 479 authorizes the appropriation of \$25 million for FY 2010 and \$138 million for FY 2010 - 2014.

Does the Bill Expand the Size and Scope of the Federal Government? No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: Yes, according to the Committee report, H.R. 479 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

Constitutional Authority: According to the Committee report, the constitutional authority for H.R. 479 is provided in the provisions of Article I, section 8, clause 1, that relate to expending funds to provide for the general welfare of the United States.

RSC Staff Contact: Emily Henehan; 202-225-9286; emily.henehan@mail.house.gov

H.R. 1259 — Dextromethorphan Distribution Act of 2009 (Upton, R-MI)

Order of Business: H.R.1259 is expected to be considered on Monday, March 30, 2009, on a motion to suspend the rules and pass the bill.

Summary: H.R. 1259 would amend the Federal Food, Drug, and Cosmetic Act to put restrictions on the distribution of Dextromethorphan (DXM), making it a violation of the Act to possess, receive, or distribute any “unfinished” DXM (“unfinished” usually refers to bulk powdered form of the raw product). H.R. 1259 would restrict the distribution, receipt, and possession of unfinished DXM to certain entities registered with the Secretary of Health and Human Services. H.R. 1259 also deems adulterated DXM a violation of the new requirements.

In addition, this bill prohibits a person from distributing unfinished DXM to any person other than a registered person. H.R. 1259 excludes from such prohibitions common carriers that possess, receive, or distributed unfinished DXM between registered persons.

Background: Dextromethorphan (DXM) is an active ingredient found in over-the-counter cold and cough medications and is subject to abuse by some individuals. It is a semi synthetic narcotic and found in any cold medicine with "DM" or "Tuss" in the title or name. Recent reports indicate that a powdered form of DXM is available on the Internet, along with websites informing young users to drink large amounts of cough syrup in order to absorb enough DXM required for intoxication.

Committee Action: H.R. 1259 was introduced on March 3, 2009, and was referred to the Committee on Energy and Commerce. On March 4, 2009, a mark-up was held in the Committee and the bill was reported by voice vote.

Cost to Taxpayer: CBO estimates that implementing H.R. 1259 would authorize \$1 million in 2010 and about \$12 million over the 2010-2014 period. According to the CBO, enacting the bill could affect direct spending and revenues, but such estimates would not be significant. In addition, there is the possibility of collecting criminal fines from those prosecuted and convicted of violating the bill's new requirements.

Does the Bill Expand the Size and Scope of the Federal Government? Yes, H.R. 1259 requires that people receiving, possessing, or distributing unfinished DXM to register with the Secretary of Health and Human Services.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates? Yes, H.R. 1259 would impose a mandate on the private sector by requiring people receiving, possessing, or distributing unfinished DXM to register with the Secretary of Health and Human Services. In addition, it would require that it be the duty of the person selling unfinished DXM to confirm that the buyer is also registered with HHS.

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits? Yes, according to the Committee report, H.R. 1259 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

Constitutional Authority: According to the Committee report, the constitutional authority for this legislation is provided in Article I, section 8, clause 3, which grants Congress the power to regulate commerce with foreign nations, among the several states, and with the Indian tribes.

RSC Staff Contact: Emily Henahan; emily.henahan@mail.house.gov; 202-225-9286

H.Con.Res. 60—Supporting the observance of Colorectal Cancer Awareness Month, and for other purposes (Granger, R-TX)

Order of Business: H.Con.Res. 60 is scheduled to be considered on Monday, March 30, 2009, under a motion to suspend the rules and pass the resolution.

Summary: H.Con.Res. 60 would express the sense that the House:

- “Supports the observance of Colorectal Cancer Awareness Month in order to provide a special opportunity to offer education on the importance of early detection and screening;
- “Recognizes and applauds the national and community organizations for their work in promoting awareness about colorectal cancer, providing information on the importance of prevention and early detection through regular screening, and facilitating access to treatment for its sufferers; and
- “Urges organizations and health practitioners to ‘earn a Blue Star’ by using this opportunity to promote awareness about colorectal cancer and to support early

identification and removal of pre-cancerous polyps, detectable only through colorectal cancer screenings.”

The resolution lists a number of findings, including:

- “This year marks the 10th anniversary of the first designation of March as Colorectal Cancer Awareness Month;
- “Colorectal cancer is the second most common cause of cancer deaths for men and women in the United States;
- “Colorectal cancer affects men and women equally;
- “More than 148,810 people in the United States will be diagnosed with colon cancer this year;
- “Over 49,960 people in the United States will die from colon cancer this year;
- “Every 3.5 minutes, someone is diagnosed with colorectal cancer and every 10 minutes someone dies from colorectal cancer;
- “Every 5 seconds someone who should be screened for colorectal cancer is not;
- “The vast majority of colon cancer deaths can be prevented through proper screening and early detection;
- “The survival rate of individuals who have colorectal cancer is 90 percent when detected in the early stages versus only a 10 percent survival rate when colorectal cancer is diagnosed after it has spread to distant organs;
- “Only 39 percent of colorectal cancer patients have their cancers detected at an early stage;
- “Uninsured Americans are more likely to be diagnosed with late stage colon cancer than patients with private insurance;
- “Only 14.9 percent of those without health coverage in the United States have currently been properly screened for colorectal cancer;
- “If the majority of Americans age 50 or older were screened regularly for colorectal cancer, the death rate from this disease could plummet by up to 80 percent;
- “Regular colorectal cancer screening has been ranked as one of the most cost effective screening interventions available, with the potential to save more than 40,000 lives a year;
- “Treatment costs for colorectal cancer are extremely high, estimated at \$8,400,000,000 for 2004;
- “Colorectal cancer is preventable, treatable, and beatable in most cases;
- “Increasing the number of people between the ages of 50 years and 64 years of age who are regularly screened in the United States, would provide significant savings in billions of dollars to the Medicare program from cancer prevention and treatment costs;
- “The Prevent Cancer Foundation launched the National Colorectal Cancer Awareness Month partnership in 1999 to raise awareness about colorectal cancer and how to prevent the disease through screening;

- “Along with their national Super Colon and Buddy Bracelet campaign, Prevent Cancer Foundation has worked alongside their partners to improve awareness and reduce incidence and mortality from colorectal cancer;
- “The Blue Star, developed by the Members of the National Colorectal Cancer Roundtable, the American Cancer Society, the Colon Cancer Alliance, and C3: Colorectal Cancer Coalition represents the collective fight against colon cancer, the eternal memory of the people whose lives have already been lost to the disease, and the shining hope for a future free of colon cancer;
- “C3 created the Cover Your Butt campaign to build support at the grassroots level and help shape policy decisions so the most effective colorectal cancer prevention and treatment are available to all Americans;
- “Coaches vs. Cancer (a partnership between the American Cancer Society and the National Association of Basketball Coaches), the Colon Cancer Alliance, and Ethicon Endo-Surgery have created ‘Earn a Blue Star Day’ as a means for individuals and corporations to raise awareness of the importance of screening for colon cancer;
- “Observing a Colorectal Cancer Awareness Month during the month of March would provide a special opportunity to offer education on the importance of early detection and screening.”

Committee Action: H.Con.Res. 60 was introduced on February 25, 2009, and referred to the Committee on Energy and Commerce, which took no official action.

Cost to Taxpayers: The resolution does not authorize expenditures.

Does the Bill Expand the Size and Scope of the Federal Government?: No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

RSC Staff Contact: Emily Henahan; 202-225-9286; emily.henahan@mail.house.gov

H.R. 577 — Vision Care for Kids Act of 2009 **(Green, D-TX)**

Order of Business: H.R. 577 is expected to be considered on Monday, March 30, 2009, on a motion to suspend the rules and pass the bill.

Summary: H.R. 577 allows the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention (CDC), to award grants to states to:

- Provide comprehensive eye examinations by a licensed optometrist or ophthalmologist for children identified by a licensed health care provider or vision screener, with priority to children under age nine;

- Provide treatment or services to correct vision problems of such children; and
- Develop and disseminate educational materials on recognizing signs of visual impairment in children.

H.R. 577 requires that in order for a state to be eligible to receive a grant, they must submit an application containing the following information:

- Information on existing Federal, Federal-State, or State-funded children's vision programs;
- A plan for the use of grant funds, including how funds will be used to complement existing State efforts (including possible partnerships with non-profit entities);
- A plan to determine if a grant eligible child has been identified;
- An assurance that funds will be used consistent with this section;
- A description of how funds will be used to provide items or services; and
- An assurance that, in providing examinations, treatments, and services through use of such grant, the State will give priority to eligible children with the lowest income.

In addition, H.R. 577 requires that evaluations be used to determine the eligibility of states to receive a grant. H.R. 577 requires that a state must submit evaluation of the operations and activities carried out under the grant, including:

- An assessment of the utilization of vision services and the status of children receiving these services as a result of the activities carried out under the grant;
- The collection, analysis, and reporting of children's vision data according to guidelines prescribed by the Secretary; and
- Such other information as the Secretary may require.

Finally, under the bill, children who are eligible for Medicaid would not be eligible for vision care services provided through CDC grants. However, other low-income children with health insurance, including those enrolled in the Children's Health Insurance Program (CHIP), could be eligible for vision care if the coverage of such services is not provided through their health insurance. CBO states that provision of those vision care services to children in CHIP would not affect direct spending as the bill would not change eligibility or benefits provided under CHIP.

H.R. 577 authorizes \$10 million for FY 2010, \$13 million for FY 2011, and \$14 million for each of FY 2012 - 2014, and it requires that at least 25% of costs are contributed by the state, directly or through donations.

Committee Action: H.R. 577 was introduced on January 15, 2009, and was referred to the Committee on Energy and Commerce. On March 4, 2009 the Committee on Energy and Commerce reported the bill, amended, by a voice vote.

Cost to Taxpayer: According to the CBO, H.R. 577 would authorize the appropriation of \$65 million over the FY 2010 - 2013 period.

Does the Bill Expand the Size and Scope of the Federal Government?: Yes, it authorizes a new grant program to increase examinations of children for vision problems, arrange for treatment of any problems detected, and conduct education to promote detection of vision disorders.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: Yes, according to the Committee report, H.R. 577 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

Constitutional Authority: According to the Committee report, the constitutional authority for this legislation is provided in the provisions of Article I, section 8, clause 1, that relate to expending funds to provide for the general welfare of the United States.

RSC Staff Contact: Emily Henehan; emily.henehan@mail.house.gov; 202-225-9286.

H.R. 756—National Pain Care Policy Act (*Capps, D-CA*)

Order of Business: The bill is scheduled to be considered on Tuesday March 30, 2009, under a motion to suspend the rules and pass the bill.

Summary: H.R. 756 would amend the Public Health Service Act with respect to pain care in several ways:

- The bill would authorize the appropriation of \$500,000 for the Institute of Medicine to conduct a Conference on Pain;
- The bill would encourage the National Institutes of Health (NIH) to expand research through its Pain Consortium, and establish an Interagency Pain Research Coordinating Committee to summarize and make recommendations on pain care research;
- Establish a new category of health professions grants regarding training and education in pain care, and would delineate that not less than \$5,000,000 of total health profession appropriation funding be designated to the new pain care grant program;
- Create a national pain education outreach and awareness campaign regarding pain treatment and management, and authorize \$2 million in appropriations in Fiscal Year 2009, and \$4 million in Fiscal Years 2010 and 2011 for such purpose.

Committee Action: On January 28, 2009, the bill was introduced and referred to the Energy and Commerce Committee subcommittee on health. On March 4, 2009, the committee held a mark-up and subsequently discharged the bill by voice vote.

Cost to Taxpayers: According to CBO, H.R. 756 would authorize \$9 million in FY 2010 and a total of \$41 million over FY 2010- FY 2014 period.

Does the Bill Expand the Size and Scope of the Federal Government?: Yes, the bill would create new federal grants.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: The committee report confirms that H.R. 756 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits.

Constitutional Authority: The committee cites constitutional authority in Article I, section 8, clause 1, that relates to expending funds to provide for the general welfare of the United States.

RSC Staff Contact: Bruce F. Miller, bruce.miller@mail.house.gov, (202)-226-9720.

H.R. 1253—Health Insurance Source of Injury Clarification Act (Burgess, R-TX)

Order of Business: The bill is scheduled to be considered on Monday, March 30, 2009, under a motion to suspend the rules and pass the bill.

Summary: H.R. 1253 would amend the Employee Retirement Income Security Act (ERISA), the Public Health Service Act, and the Internal Revenue Code to require disclosure of limitations on group health insurance coverage. Under current law, group plans are permitted to establish limitations or restrictions (e.g. annual or lifetime maximum benefits, etc.) on coverage for “similarly situated individuals,” so long as they do not discriminate on the basis of health status or other protected categories of federal law. H.R. 1253 would require insurance carriers to make information on such restrictions explicit and clear to plan sponsors (i.e. employers), and require employers to make these restrictions clear to employees upon their enrollment in the plan.

Committee Action: H.R. 1253 was introduced on March 3, 2009 and referred to the Committees on Energy and Commerce, Ways and Means, and Education and Labor. On March 4, 2009, the Committee on Energy and Commerce ordered the bill reported by voice vote.

Cost to Taxpayers: CBO confirms that H.R. 1253 would have no significant impact on the federal budget.

Does the Bill Expand the Size and Scope of the Federal Government?: Yes, the bill would impose new mandates on private businesses.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: Yes, the bill imposes disclosure requirements on insurance carriers and employer sponsors of health insurance. CBO estimates that the aggregate cost of complying with those mandates would not exceed the threshold established by the Unfunded Mandates Reform Act (UMRA) for private-sector mandates (\$139 million in 2009, annually adjusted for inflation).

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: Yes, according to the Committee report, H.R. 1253 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

Constitutional Authority: According to the Committee report, the constitutional authority for H.R. 1253 is provided in Article I, section 8, clause 3, which grants Congress the power to regulate commerce with foreign nations, among the several states, and with the Indian tribes.

RSC Staff Contact: Emily Henahan, emily.henahan@mail.house.gov, (202) 225-9286